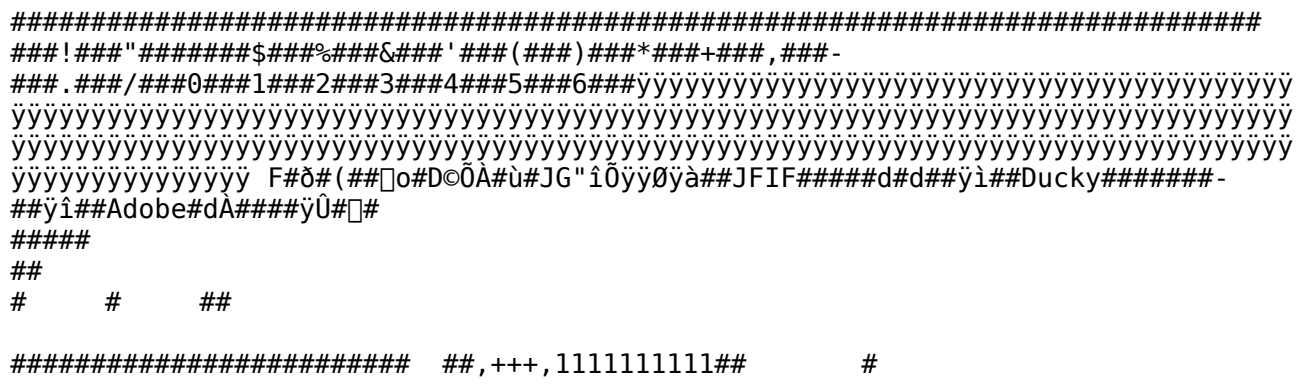

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text####Copyright (c) 1998 Hewlett-Packard Company##desc########sRGB IEC61966-
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#d#e#v#e#l#o#p#e#d# #b#y# #t#h#e# #P#o#p#u#l#a#t#i#o#n# #H#e#a#l#t#h#
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#M#a#n#a#g#e#m#e#n#t# #D#i#v#i#s#i#o#n# #a#t# #t#h#e# #S#u#r#g#e#o#n#
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#F#r#a#z#e#r##    #D#o#z#e#n#s# #c#o#n#t#r#i#b#u#t#e#d# # #t#o# #t#h#e#
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#######T#0##ß#####á###ú#####ó#####Ø###########`#########□###########¨#####What
is PDHRA?##□###########¨#4###Post-Deployment Health Reassessment (DD Form 2900)
OSD/HA-mandated 10 March 2005Standardized Assessment Instrument Completed 90-180
days after a return from deploymentIncludes 16 questionsBoth physical and
behavioral health questionsHealthcare provider evaluation #(for positives only
in the Air Force)
##i#<###u#########y#########G#########u#########y#########G###########ó#####Ù###
########_#########□###########¨#
###Why PDHRA?##□###########¨#□###Reports deployment-related health concerns that
emerge over timeEnhances force health protection and readiness program; extends
deployment-related healthcare Provides a population level health assessment for
early identification and interventionDemonstrates caring posture to those who
serve through targeted outreach proceduresRemoves barriers to care, #de-
stigmatize care-seeking at all levels
##i#(###□#########L#######D#######Ì3#þ###########ó#####q####################□#
##########¨#####PDHRA: Air Force Implementation##□###########¨#æ###GoalsSimplify
process and minimize burden on redeployer and the Military Treatment Facility
(MTF)Identify and provide care for the people who need itStrategyUse web access
Optimize Primary Care Element (PCE) efforts by only referring patients who
report significant positives on DD Form 2900Other ActionsUsed GWOT funds to hire
3 contractors at PHSD to serve as PDHRA Utilization Managers (UMs)Hired 32
behavioral health providers at bases with heaviest deployment requirements
##i#□############□#########
      #########□##################°################□#######
      #########□##################[####
```

```
      #########¯###########ó#####&###########w#########□############¨#G###GWOT $
$s Used to Fund Behavioral Health Consultants (BHCs) at 32 Bases
##ª#####5###########################□############¨#3###Anticipated/sold with
expectation they may be able to help with PDHRA processing in addition to other
dutiesCivilian hire for Mental Health Clinic to allow blue-suiter to serve as
BHC in the PCE and facilitate PDHRA process along with other BHC roles32 bases
awarded contracts and contractors are in place##ª#####
¢#################□#########ó#####z###########□#########□############¨#5###PDHRA
Completion Rate For Current ADAF As Of July 07
##¡#####6#########6###########ó#####~###########□#########□############¨#(###Chan
ge in AF Completion #Rates Over
Time##¡#####)#########)###########ó#####t###########□#########□############¨#####
BHOP WORKLOAD#FY 03-FY 07##□###########ª#
###############ó#####`###########□#########□############¨#####BHOP
Visits##□############¨#´###7701 visits FY 038738 visits FY 049111 visits FY 05
10262 visits FY 0611665 visits FY 07 (up to 17 Jul 07)Non-Active Duty visits =
30,708 + (Active Duty 16,772) = 47,480
visits##ó#####a###########□#########□############¨#####Potential Cost
Savings##□############¨#□###30,708 Non-Active Duty visits FY 03-FY 07Average cost
of network visit =$102.50Estimated value approx 3.1 million No incremental
overhead cost##ó#####b###########□#########□############¨#####Patient
Demographics##□############¨#L###65% were family members or retirees (35% active
duty)62% were femaleAmong active duty patients, 36% were female and 64% male
Gender by FY66% female and 34% male for FY 200361% female and 39% male for FY
200460% female and 40% male for FY 2005 57% female and 43 % male for FY 2006
52%female and 48% male for FY 2007 (thus far)##¡#N###□#########
#########À###################□#################À##############
```

```
###Future Plans##□###########¨#U###Full-time BHOP program manager as of 31 Aug
07Increased emphasis on BHOP per Mental Health Task Force Recommendations
Proposal to hire one additional MH provider per MTFPlan will allow placement of
full-time AD provide in Primary Care Stronger guidance requiring BHC at each MTF
Increased training sites/opportunitiesCollect outcome
data##¡#6###w#########£#########<#########w#######£#######<#########ó#####S#####
######□#########□###########¨# ###Current POCs for Air Force
PDHRA##ª#################################□###########¨#ý###POC for Air Force:
#Lt Col Al Ozanian#Chief Consultant, BSC Clinical Services#AFMOA/SGOC#110 Luke
Ave., Room 405#Bolling AFB, DC 20032-7050#(202) 767-4061#DSN 297-
4061#Alfred.ozanian@pentagon.af.milInterim:    Maj David Linkh

David.linkh@pentagon.af.mil##¡#####Ð#########.###########þ#########ª#t##########
###########L#################0##################################################
############################# #□###########¨#´###POC for PHSD#Dr. Lucinda Z.
Frost#Research Psychologist, GS-13#PHSD#AF/SGRKP#2509 Kennedy Circle#Brooks-City
Base, TX 78235#(210) 536-3875#DSN 240-3875#lucinda.frost@brooks.af.mil
##ª#####□###########################ó#####w###########□#########□###########¨###
##POC for AF BHOP Program    ##□###########¨#####Lt Col Tracy A. Neal-Walden,
Ph.D. PHSD Senior Behavioral Health Consultant       BHOP, Program Manager
      AF/SGRKP#2509 Kennedy Circle#Brooks-City Base, TX 78235#   tracy.neal-
walden@lackland.af.mil (until 30 Aug)    tracy.neal-walden@brooks.af.mil (as of
31 Aug)     ##¡###############å#####################ò#######ó#########%
```

###Useful Links##############¨#´###PDHRA Form: https://www.afchips.brooks.af.mil/phdraPHSD PDHRA Knowledge Junction: https://kx.afms.mil/pdhra PDHealth PDHRA Page: /dcs/pdhra.aspPDHRA Provider Training: /dcs/BlueSky/index.htmlAMSA Status Report: https://www.afchips.brooks.af.mil/PIMR/AMSA_Update.HTMCompliance Stats on AFCHIPs: https://www.afchips.brooks.af.mil/main.htmBHOP Webpage:
      https://kx.afms.mil/kxweb/dotmil
##¡######################################µ##########ª####

```
#ó###□#<#####□#4#####º#####_#_#_#P#P#T#9###□#######¬####################
ð□#####□###########¨#M###Here is just one example of how this may benefit the
system. If the 16,393 non-AD visits were to have gone for network care at an
average cost of $102.50, this represents an estimated recapture of almost 1.7
million for three years.  Since the BHC service is manning neutral, there is no
incremental cost for recapturing this care.##¡#
###N#####³#####§#######N##############ðH#####
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```

#ó###ðé#####□###########¨#¯###1= Bases integrated into > clinic2= Bases integrated into > clinic plus with a full time BHC3= Full time BHCOf those 17 are bases that have been awarded PDHRA contracts.
##¡#####°#########o#########fþA##########ðH#####
ð#####¬Y##

#ó###ðe################¨#Q###Currently, 33 of our facilities have integrated. It is important to note that integrated primary care is optional for facilities. Although senior medical leaders endorse integrated primary care, Medical facility commander have the authority to implement it or not to, depending on their priorities for use of resources and what they perceive to be best for their facility. We are pleased with the level of interest across the board. Time in the PCC ranges from 4 hours per week to full time based on the perceived needs in both PC and SC and the number of hours that LSSC is willing to give up. Our recommendation is 1 hour per week for every 1000 beneficiaries enrolled to the facility. We are able to track utilization rates at all our integrated facilities through use of a special designated workload code. These data help us obtain continued support for integrated care and resources. And we do have continued support. We maintain 11 training sites through which approximately 30 psychology and SW interns are trained each year as well as over 20 staff providers already in the field.###ðH#####
ð#####ØY##

```
###Ó#######ä###########On-screen Show######,###USAF - Population Health Support
Division#######´Ì5#############!
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imes New Roman#####Arial#
###Wingdings#####Century Schoolbook####Gill Sans MT#####Arial Rounded MT Bold#
###USAF(Unclas)#"###Microsoft PowerPoint Presentation#####Microsoft Office Excel
Chart#####Microsoft Graph Chart#####Microsoft Graph 2000 Chart#####Slide
1#####Acknowledgements#####What is PDHRA?#####Why PDHRA?# ###PDHRA: Air Force
Implementation#####Slide 6#####Slide 7#!###Where We are Now As of July
2007#*###Screener: Percent ADAF Positive July 2007#####Types of Positives: ADAF
July 2007#####PDHRA: Current Status#####Preliminary Feedback Air Force####BHOP
History#####Why Integrate?#5###The AFMS Behavioral Health Consultant (BHC)
Approach#####Current Status#H###GWOT $$s Used to Fund Behavioral Health
Consultants (BHCs) at 32 Bases #6###PDHRA Completion Rate For Current ADAF As Of
July 07 #)###Change in AF Completion  Rates Over Time#####BHOP WORKLOAD FY 03-FY
07#
```

```
###BHOP Visits#####Potential Cost Savings#####Patient Demographics#####Bases
with active BHC Program#####Patient Satisfaction#####PCM Satisfaction# ###Slide
27#####Challenges####Future Plans#!###Current POCs for Air Force PDHRA#####POC
for AF BHOP Program ####Useful Links#    ###Slide 33#
```

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###############Fonts Used#################Design
Template#################Embedded OLE Servers################Slide Titles#####!
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